

BEST AVAILABLE COPY

ISSUE THIS CLAIM AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	TN	870	05-21-01
FORMALITY REVIEW	T2	947	07/19/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	10/07/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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